MOIDATE / OFFICEHOLDER MPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

	1 1 · · · · · · · · · · · · · · · · · ·					
The C/OH Instruction G	UIDE explains how to complete this form.	1 ACCOUNT # (Ethics Commission filers)	2 PAGE # 1 of 48			
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST Betsy NICKNAME LAST Price	MI SUFFIX	OFFICE USE ONLY Date Received			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; P O Box 100066 Fort Worth, TX 76185	CITY; STATE; ZIP CODE	Date Hand Cellivered on Date Postinarked CITY SECRETARY Receipt # Amount			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST Alice NICKNAME LAST Puente	MI SUFFIX	Date Processed Date Imaged			
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	3824 Bellaire Cir	SUITE#; CITY; STATE;	ZIP CODE			
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (817) 207-8643	EXTENSION				
8 REPORT TYPE	January 15	_	15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)			
9 PERIOD COVERED	Month Day Year THR 07/01/2011	Month Day ROUGH 12/31/201	Year			
10 ELECTION	ELECTION DATE ELECTION T Month Day Year Prima		General Special			
11 OFFICE	OFFICE HELD (if any) Mayor, Fort Worth	12 OFFICE SOUGHT (if known)				
GO TO PAGE 2						

CANDIDATE / OFFICEHOLDER REPORT: SLIPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

SOIT OILL &	IOIALO		OOVER	OREEI PG Z	
13 C/OH NAME Price	e, Betsy		14 ACCOUNT # 00000002	(Ethics Commission filers)	
15 NOTICE FROM	have been made with		of political expenditures by political committees to support the candidate / officeholder. These expenditures may the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this beive notice of such expenditures		
POLITICAL COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME			
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS			
16 CONTRIBUTION TOTALS	PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	103,675.00	
EXPENDITURE 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$				0.00	
	4. TOTAL I	POLITICAL EXPENDITURES	\$	81,460.29	
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LY OF THE REPORTING PERIOD	\$	8,484.23	
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y OF THE REPORTING PERIOD	\$	0.00	
17 AFFIDAVIT			<u> </u>		
BETH A ELLIS MY COMMISSION EXPIRES Merch 5, 2013 I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. Signature of Candidate or Officeholder					
AFFIX NOTARY S	STAMP / SEAL ABOV				
Sworn to and subscrib			, this the	1 day	
of January, 2	of January, 20 1 2, to certify which, witness my hand and seal of office.				
Signature of officer admin	nistering oath	Print name of officer administering oath	Title of officer adm	inistering oath	

OTHER THAN PLEDGES OR LOANS					
The Instr	uction Guide explains how to complete this form.		1 PAGE # Schedule: 1/2	26 Report: 3/48	
2 FILER NA	ME Price, Betsy		3 ACCOUNT # 00000002	(Ethics Commission filers)	
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID Acme Brick Company Good Government Fund	#)	7 Amount of contribution (\$)	8	
07/25/20	6 Contributor address; City; State; Zip Code PO Box 425 Fort Worth, TX 76101		\$500.00	 	
			l '	Texas, complete Schedule T)	
9 Principal o	ccupation / Job title (See Instructions)	10 Employer (See In:	structions)		
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
07/08/20	Contributor address; City; State; Zip Code 3950 Highway 360 Fort Worth, TX 76051		\$1,000.00	 	
	1		(If travel outside of	Texas, complete Schedule T)	
Principal o	ccupation / Job title (See Instructions)	Employer (See Ins	L i	rexas, complete scriedule 1)	
·		, , ,	,		
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
08/09/201	1 Contributor address; City; State; Zip Code 1101 17th Street NW #600 Washington, DC 20036		\$1,000.00 		
			(If travel outside of	Texas, complete Schedule T)	
Principal or	ccupation / Job title (See Instructions)	Employer (See Ins	structions)		
Date	Full name of contributor ut-of-state PAC (ID# Andrews, Paul E. Jr.	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
08/16/201	1 Contributor address; City; State; Zip Code 700 Jenkins Road Aledo, TX 76008		\$1,000.00 		
			(If travel outside of	Texas, complete Schedule T)	
Principal oc	cupation / Job title (See Instructions)	Employer (See Ins	structions)		
Date	Full name of contributor	-	Amount of contribution (\$)	In-kind contribution description (if applicable)	
11/07/201	1 Contributor address; City; State; Zip Code 1908 Marigold Fort Worth, TX 76111		\$100.00 <mark> </mark> 		
			(If travel outside of 1	Texas, complete Schedule T)	
Principal oc	cupation / Job title (See Instructions)	Employer (See Ins	<u>'</u>	· · · · · · · · · · · · · · · · · · ·	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

L							
	The Instructi	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/	26 Report: 4/48		
2	FILER NAME	Price, Betsy		3 ACCOUNT # 00000002	(Ethics Commission filers)		
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID Aughinbaugh, John R.	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	09/03/2011	6 Contributor address; City; State; Zip Code 4710 Dexter Ave Fort Worth, TX 76107		\$500.00	1 1 1		
				(If travel outside of	Texas, complete Schedule T)		
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)			
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	07/19/2011	Contributor address; City; State; Zip Code 2017 Teakwood Trace Fort Worth, TX 76112		\$100.00	 		
				,	Texas, complete Schedule T)		
	Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)			
	Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	07/25/2011	Contributor address; City; State; Zip Code 3101 Avondale Avenue Fort Worth, TX 76109		\$250.00	 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)			
	Date	Full name of contributor ut-of-state PAC (ID# Beckman, Marlene	<u>')</u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	07/19/2011	Contributor address; City; State; Zip Code 3116 W. 6th Street Fort Worth, TX 76107		\$500.00	 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)			
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	07/24/2011	Contributor address; City; State; Zip Code 2429 Rogers Avenue Fort Worth, TX 76109		\$125.00	1 		
				(if travel outside of	Texas, complete Schedule T)		
	Principal occupa	ation / Job title (See Instructions)	Employer (See Ins		, , <u>, , , , , , , , , , , , , , , , , </u>		

	CAL CONTRIBUTIONS R THAN PLEDGES OR LOA	NS		SCHEDULE A
The Instruct	ION GUIDE explains how to complete this form.		1 PAGE #	26 Report: 5/48
2 FILER NAME	Price, Betsy		3 ACCOUNT # 00000002	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID Betzel, W. A.	#)	7 Amount of contribution (\$)	8
07/25/2011	6 Contributor address; City; State; Zip Code PO Box 100086 Fort Worth, TX 76185		\$100.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In	estructions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
08/05/2011	Contributor address; City; State; Zip Code 2200 South Riverside Drive Fort Worth, TX 76104		\$2,000.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/06/2011	Contributor address; City; State; Zip Code 2308 Winton Terace W Fort Worth, TX 76109		\$500.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor	<i>‡</i>)	Amount of contribution (\$)	In-kind contribution description (if applicable)
07/19/2011	Contributor address; City; State; Zip Code 8908 Crest Wood Drive Fort Worth, TX 76179		\$250.00	
Dringing coour	estion / Joh title (Coo Instructions)		•	Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)
07/28/2011	Contributor address; City; State; Zip Code 1712 Carleton Ave Fort Worth, TX 76107		\$250.00 	
	· · · · · · · · · · · · · · · · · · ·		·	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 TDD 1-800-735-2989

POLITICAL CONTRIBUTIONS

	OTHER THAN PLEDGES OR LOANS				
	The Instruction	אס Guide explains how to complete this form.		1 PAGE # Schedule: 4/2	26 Report: 6/48
2	FILER NAME	Price, Betsy		3 ACCOUNT # 00000002	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Cantey Hanger LLP	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	07/25/2011	6 Contributor address; City; State; Zip Code 600 West 6th Street, Suite 300 Fort Worth, TX 76102		\$5,000.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/21/2011	Contributor address; City; State; Zip Code 3621 Ridglea Country Club Dr. Fort Worth, TX 76116		\$1,000.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In		
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	10/07/2011	Contributor address; City; State; Zip Code 2600 Serinity Lane Burleson, TX 76028		\$2,000.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)	
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/08/2011	Contributor address; City; State; Zip Code 3406 Rustwood Ct Fort Worth, TX 76109		\$250.00	
				l `	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/25/2011	Contributor address; City; State; Zip Code 1600 W. 7th Street Fort Worth, TX 76102		\$500.00	,
				(if travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)	

POLITICAL CONTRIBUTIONS OTHER THAN DI FRIES OR LOANS

	Offich	THAN PLEDGES ON LOAD	45		
F	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 5/	26 Report: 7/48
2	FILER NAME	Price, Betsy		3 ACCOUNT # 00000002	(Ethics Commission filers)
4	Date	5 Full name of contributor ut-of-state PAC (ID# Cashmire Financial Services	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	07/12/2011	6 Contributor address; City; State; Zip Code 226 Bailey Avenue, Suite 104 Fort Worth, TX 76107		\$100.00	! ! !
				<u> </u>	Texas, complete Schedule T)
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/11/2011	Contributor address; City; State; Zip Code 501 Lonesome Trail Haslet, TX 76052		\$250.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/11/2011	Contributor address; City; State; Zip Code 600 W. 6th Street, Suite 300 Fort Worth, TX 76102		\$750.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/03/2011	Contributor address; City; State; Zip Code 4221 Selkirk Drive West Fort Worth, TX 76109		\$10,000.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/19/2011	Contributor address; City; State; Zip Code 3217 Kimbo Road Fort Worth, TX 76111		\$500.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	

POLITICAL CONTRIBUTIONS OTHER THAN DI EDGES OR LOANS

	OTTEN THAN FEEDGES ON EGANG						
	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 6/2	26 Report: 8/48		
2	FILER NAME	Price, Betsy		3 ACCOUNT # 00000002	(Ethics Commission filers)		
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Christie, Linda)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	07/19/2011	6 Contributor address; City; State; Zip Code 3500 Hamilton Avenue Fort Worth, TX 76107		\$250.00	 		
				(If travel outside of	Texas, complete Schedule T)		
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)			
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)		
	07/25/2011	Contributor address; City; State; Zip Code 611 River Crest Drive		\$1,000.00	 		
		Fort Worth, TX 76107		`	Texas, complete Schedule T)		
	Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)			
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)		
	07/28/2011	Contributor address; City; State; Zip Code 1315 Spyglass Drive Mansfield, TX 76063		\$100.00	 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)			
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)		
	07/25/2011	Contributor address; City; State; Zip Code PO Box 101056 Fort Worth, TX 76185		\$250.00	 		
				(If travel outside of	Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions) Employer (See Instructions)							
	Date	Full name of contributor ut-of-state PAC (ID# Conaster, Jerry		Amount of contribution (\$)	In-kind contribution description (if applicable)		
	07/19/2011	Contributor address; City; State; Zip Code PO Box 15302 Fort Worth, TX 76119		\$2,500.00	 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup	ation / Job title (See Instructions)	Employer (See Ins				
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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

	OTTEN THAN I LEBGES ON LOANS						
	The Instruction Guide explains how to complete this form. 1 PAGE # Schedule: 7/26 Report: 9/48						
2	FILER NAME	Price, Betsy		3 ACCOUNT # 00000002	(Ethics Commission filers)		
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Daniel, Mark G.	<u> </u>	7 Amount of contribution (\$)	8		
	07/08/2011	6 Contributor address; City; State; Zip Code 115 W. Second St., Ste 202 Fort Worth, TX 76102		\$150.00	 		
				(If travel outside of	Texas, complete Schedule T)		
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)			
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)		
	07/19/2011	Contributor address; City; State; Zip Code 3220 Westcliff Road West Fort Worth, TX 76109		\$250.00	 		
		Toleword, 1270100		·	Texas, complete Schedule T)		
	Principal occup	eation / Job title (See Instructions)	Employer (See In	structions)			
	Date	Full name of contributor	1	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	07/25/2011	Contributor address; City; State; Zip Code 2420 Stadium Drive Fort Worth, TX 76109		\$500.00	 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)			
	Date	Full name of contributor ut-of-state PAC (ID# Davis, Early		Amount of contribution (\$)	In-kind contribution description (if applicable)		
	07/20/2011	Contributor address; City; State; Zip Code 3867 Bellaire Circle Fort Worth, TX 76109		\$200.00	 		
				(If travel outside of	Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions) Employer (See Instructions)							
	Date	Full name of contributor	:)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	08/30/2011	Contributor address; City; State; Zip Code 205 Adamas Court Colleyville, TX 76034		\$200.00	 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	· · · · · · · · · · · · · · · · · · ·		

SCHEDULE A

TDD 1-800-735-2989

	OTHER THAN PLEDGES OR LOANS					
	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 8/	26 Report: 10/48	
2	FILER NAME	Price, Betsy		3 ACCOUNT # 00000002	(Ethics Commission filers)	
4	Date	5 Full name of contributor	#)	7 Amount of contribution (\$)	8	
	07/20/2011	6 Contributor address; City; State; Zip Code 444 Wyndemere Boulevard Rockwall, TX 75032	,	\$250.00	 	
				1 '	Texas, complete Schedule T)	
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See In	nstructions)		
	Date	Full name of contributor	*)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	08/16/2011	Contributor address; City; State; Zip Code 3724 Wilkie Way Fort Worth, TX 76133		\$100.00	 	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup	Dation / Job title (See Instructions)	Employer (See In	1 '		
	Date	Full name of contributor	<i>‡</i>)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	08/30/2011	Contributor address; City; State; Zip Code 1141 King Mark Drive Lewisville, TX 75056		\$200.00	 	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)		
-	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	07/19/2011	Contributor address; City; State; Zip Code 4116 Warnock Court Fort Worth, TX 76109		\$250.00	 	
				l . `	Texas, complete Schedule T)	
	Principal occupa	ation / Job title (See Instructions)	Employer (See Ins	structions)		
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)	
	07/12/2011	Contributor address; City; State; Zip Code 4055 International Plaza, Suite 200 Fort Worth, TX 76109		\$500.00		
				(If travel outside of	Texas, complete Schedule T)	
	Principal occupa	ation / Job title (See Instructions)	Employer (See Ins	structions)		

	OTHER THAN PLEDGES ON LOANS					
	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 9/2	26 Report: 11/48	
2	FILER NAME	Price, Betsy		3 ACCOUNT # 00000002	(Ethics Commission filers)	
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Gandy, Taylor		7 Amount of contribution (\$)	l 8 In-kind contribution description (if applicable)	
	08/30/2011	6 Contributor address; City; State; Zip Code 4250 Sarita Court Fort Worth, TX 76109	;	\$2,500.00	 	
				(If travel outside of	Texas, complete Schedule T)	
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)		
	Date	Full name of contributor ut-of-state PAC (ID# Gavin, John T.		Amount of contribution (\$)	In-kind contribution description (if applicable)	
	07/19/2011	Contributor address; City; State; Zip Code 105 S Broadway Azle. TX 76020		\$500.00	 	
				<u> </u>	Texas, complete Schedule T)	
	Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)		
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)	
	08/16/2011	Contributor address; City; State; Zip Code 2214 Franklin Drive Arlington, TX 76011		\$250.00	 	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)		
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)	
	10/09/2011	Contributor address; City; State; Zip Code 2500 Windy Ridge Pkwy SE Atlanta, GA 30339		\$500.00	! 	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)		
,	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)	
	07/28/2011	Contributor address; City; State; Zip Code 3812 Monticello Drive Fort Worth, TX 76107		\$250.00	 	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup	leation / Job title (See Instructions)	Employer (See Ins	_`		
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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

	OTHER MAN PEEDGES ON EDANS					
	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 10	0/26 Report: 12/48	
2	FILER NAME	Price, Betsy		3 ACCOUNT # 00000002	(Ethics Commission filers)	
4	Date	5 Full name of contributor ut-of-state PAC (ID: Girouard, Felice J.	¥)	7 Amount of contribution (\$)	In-kind contribution description (if applicable)	
	07/12/2011	6 Contributor address; City; State; Zip Code 2433 Medford Court East Fort Worth, TX 76109		\$250.00	 - 	
				(If travel outside of	Texas, complete Schedule T)	
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)		
	Date	Full name of contributor	‡)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	07/25/2011	Contributor address; City; State; Zip Code PO Box 820365 Dallas, TX 75382		\$4,000.00	 	
				•	Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)	10.0	
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	07/25/2011	Contributor address; City; State; Zip Code 8920 Crestwood Drive Fort Worth, TX 76179		\$500.00	 	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)		
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)	
	09/03/2011	Contributor address; City; State; Zip Code 301 Commerce Street, Suite 2400 Fort Worth, TX 76102		\$2,000.00	 	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)		
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)	
	07/11/2011	Contributor address; City; State; Zip Code 1608 Ashland Ave Fort Worth, TX 76107		\$250.00		
				(if travel outside of	Texas, complete Schedule T)	
	Principal occupa	ation / Job title (See Instructions)	Employer (See Ins	structions)		
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	ICAL CONTRIBUTIONS R THAN PLEDGES OR LOAI	NS		SCHEDULE A
The Instruct	ION GUIDE explains how to complete this form.		1 PAGE#	1/26 Report: 13/48
2 FILER NAME	Price, Betsy		3 ACCOUNT # 00000002	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID: Groomer, Charles M.	¥)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
07/11/2011	6 Contributor address; City; State; Zip Code 4900 Lake Side Circle Fort Worth, TX 76180		\$250.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
07/11/2011	Contributor address; City; State; Zip Code 2804 Heritage Hills Court Fort Worth, TX 76109		\$250.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
07/25/2011	Contributor address; City; State; Zip Code 619 Rivercrest Dr. Fort Worth, TX 76107		\$1,000.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
07/25/2011	Contributor address; City; State; Zip Code 5070 Mark IV Parkway Fort Worth, TX 76105		\$1,000.00	
			•	Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
07/19/2011	Contributor address; City; State; Zip Code PO Box 121969 Fort Worth, TX 76121		\$500.00 	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	tructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

The instruct	ION GUIDE explains how to complete this form.		1 PAGE # Schedule: 12	2/26 Report: 14/48
2 FILER NAME	Price, Betsy		3 ACCOUNT # 00000002	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID Heiskell, Michael P.	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
07/20/2011	6 Contributor address; City; State; Zip Code 5601 Bridge Street, Suite 220 Fort Worth, TX 76112		\$1,000.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In	nstructions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
07/21/2011	Contributor address; City; State; Zip Code 3501 Sagecrest Terrace Fort Worth, TX 76109		\$100.00	
			(if travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In		
Date	Full name of contributor	†)	Amount of contribution (\$)	In-kind contribution description (if applicable)
07/25/2011	Contributor address; City; State; Zip Code 5800 Merrymount Road Fort Worth, TX 76107		\$500.00	 -
			(if travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor ut-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
	HillCo PAC		σοπιποαποιτ (ψ)	i description (ii applicable)
08/01/2011	Contributor address; City; State; Zip Code 823 Congress Avenue #900 Austin, TX 78701	,	\$500.00	
			(if travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor ut-of-state PAC (ID#)	Amount of	In-kind contribution
	Holland, J. Walker		contribution (\$)	description (if applicable)
11/08/2011	Contributor address; City; State; Zip Code 120 Willamsburg Lane Fort Worth, TX 76107		\$500.00 	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	

	R THAN PLEDGES OR LOA	NS		SCHEDULE A
The Instruct	TION GUIDE explains how to complete this form.		1 PAGE#	1/26 Papart: 15/49
2 FILER NAME	Price, Betsy		3 ACCOUNT # 00000002	/26 Report: 15/48 (Ethics Commission filers)
4 Date	5 Full name of contributor	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
07/11/2011	6 Contributor address; City; State; Zip Code 260 Bailey Avenue Fort Worth, TX 76107		\$250.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See Ir	nstructions)	
Date	Full name of contributor	*)	Amount of contribution (\$)	In-kind contribution description (if applicable)
07/11/2011	Contributor address; City; State; Zip Code 8325 Rocky Court Fort Worth, TX 76123		\$100.00	
Principal occu	pation / Job title (See Instructions)	Employer (See Ir	<u> </u>	Texas, complete Schedule T)
	<u> </u>		Tr. 1	
Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
07/28/2011	Contributor address; City; State; Zip Code PO Box 136021 Fort Worth, TX 76136		\$300.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
07/22/2011	Contributor address; City; State; Zip Code 3200 McCart Ave Fort Worth, TX 76110		\$250.00	
				Fexas, complete Schedule T)
Principal occup	Dation / Job title (See Instructions)	Employer (See In	<u> </u>	rexas, complete scriedule 1)
Date	Full name of contributor		Amount of	In-kind contribution
	Johnson, Judy B.		contribution (\$)	description (if applicable)
07/19/2011	Contributor address; City; State; Zip Code 3533 Overton View Court Fort Worth, TX 76109		 \$250.00 	
			(If travel outside of 3	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In		, , , , , , , , , , , , , , , , , , , ,

	OTHER THAN PLEDGES OR LOANS					
	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 14	1/26 Report: 16/48	
2	FILER NAME	Price, Betsy		3 ACCOUNT # 00000002	(Ethics Commission filers)	
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Jones, Doug	<u> </u>	7 Amount of contribution (\$)	In-kind contribution description (if applicable)	
	07/12/2011	6 Contributor address; City; State; Zip Code 6919 Preston Glen Drive Dallas, TX 75230		\$250.00	 	
				(If travel outside of	Texas, complete Schedule T)	
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	07/11/2011	Contributor address; City; State; Zip Code 2554 E. Long Ave		\$500.00	 	
		Fort Worth, TX 76137		(If travel outside of	Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	07/11/2011	Contributor address; City; State; Zip Code 5713 Ammons Fort Worth, TX 76117		\$250.00	 	
					Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)		
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)	
	07/28/2011	Contributor address; City; State; Zip Code 3113 Woodlark Dr. Fort Worth, TX 76123		\$250.00	 	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)		
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)	
	08/30/2011	Contributor address; City; State; Zip Code 2704 Cape Brett Drive Flower Mound, TX 75022		\$200.00	i 	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)		

	OTHER THAN PLEDGES OR LOANS					
	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 15	5/26 Report: 17/48	
2	FILER NAME	Price, Betsy		3 ACCOUNT # 00000002	(Ethics Commission filers)	
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Kleberg, Scott M.	#)	7 Amount of contribution (\$)	In-kind contribution description (if applicable)	
	07/19/2011	6 Contributor address; City; State; Zip Code 104 Hazlewood Drive Fort Worth, TX 76107		\$250.00	i 	
				<u>'</u>	Texas, complete Schedule T)	
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See In:	structions)		
	Date	Full name of contributor	*)	A m ount of contribution (\$)	In-kind contribution description (if applicable)	
	07/19/2011	Contributor address; City; State; Zip Code 749 N. Main Fort Worth, TX 76164		\$500.00	 	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup	pation / Job title (See Instructions)	Employer (See In:	structions)		
	Date	Full name of contributor ut-of-state PAC (ID# Krueger, Eric E.	<i>‡</i>)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	07/20/2011	Contributor address; City; State; Zip Code 6474 Orchid Lane Dallas, TX 75230		\$250.00	 	
				<u> </u>	Texas, complete Schedule T)	
	Principal occup	eation / Job title (See Instructions)	Employer (See Ins	structions)		
	Date	Full name of contributor	•)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	07/19/2011	Contributor address; City; State; Zip Code 6107 Portrush Drive Fort Worth, TX 76116		\$250.00	 	
		i		(If travel outside of	Texas, complete Schedule T)	
	Principal occupa	ation / Job title (See Instructions)	Employer (See Ins	structions)		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
,	08/16/2011	Contributor address; City; State; Zip Code 4200 South Hulen Street, Suite 417 Fort Worth, TX 76109		\$200.00	 	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

L					
	The Instructi	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 16	5/26 Report: 18/48
2	FILER NAME	Price, Betsy		3 ACCOUNT # 00000002	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID Leonard, Martha V.	#)	7 Amount of contribution (\$)	l 8 In-kind contribution description (if applicable)
	07/19/2011	6 Contributor address; City; State; Zip Code 1411 Shady Oaks Lane Fort Worth, TX 76107		\$500.00	
L				(If travel outside of	Texas, complete Schedule T)
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See li	nstructions)	
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
İ	08/04/2011	Contributor address; City; State; Zip Code 5600 Rockhill Rd. Fort Worth, TX 76112		\$500.00	
				(If trough outside of	Texas, complete Schedule T)
	Principal occur	ation / Job title (See Instructions)	Employer (See Ir	1.	Texas, complete scriedule 1)
	Date	Full name of contributor Out-of-state PAC (ID: Lockheed Martin Corp Employees' Political Action		Amount of contribution (\$)	In-kind contribution description (if applicable)
	08/16/2011	Contributor address; City; State; Zip Code 1550 Crystal Drive, Crystal Square Two, Suite 300 Arlington, VA 22202		\$500.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	nstructions)	
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/19/2011	Contributor address; City; State; Zip Code 500 W. 7th Street Unit #27 Suite 1007 Fort Worth, TX 76102		\$10,000.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	1	,
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
ı	09/03/2011	Contributor address; City; State; Zip Code 4262 Cadiz Fort Worth, TX 76133		\$100.00 	
				(If travel outside of	Texas, complete Schedule T)
	Principal occupa	ation / Job title (See Instructions)	Employer (See In:		

OTHER	R THAN PLEDGES OR LOA	NS		
The Instructi	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 17	7/26 Report: 19/48
2 FILER NAME	Price, Betsy		3 ACCOUNT # 00000002	(Ethics Commission filers)
4 Date	5 Full name of contributor	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
07/19/2011	6 Contributor address; City; State; Zip Code 3604 Autumn Drive Fort Worth, TX 76109		\$100.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup	oation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
07/08/2011	Contributor address; City; State; Zip Code 2031 Ward Pkwy Fort Worth, TX 76110		\$50.00	
			(if travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	<u> </u>	
Date	Full name of contributor	/)	Amount of contribution (\$)	In-kind contribution description (if applicable)
07/21/2011	Contributor address; City; State; Zip Code 3552 Centenary Dr. Dallas, TX 75225		\$250.00 	
				Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor	-	Amount of contribution (\$)	In-kind contribution description (if applicable)
07/25/2011	Contributor address; City; State; Zip Code 1125 Hidden Oaks Drive Bedford, TX 76022		\$1,000.00 	
			(If travel outside of 1	Texas, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
11/14/2011	Contributor address; City; State; Zip Code 2650 Meacham Blvd. Fort Worth, TX 76137		\$1,000.00 <mark> </mark> 	
			(If travel outside of T	exas, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer (See Ins	tructions)	

	OTHER	THAN PLEDGES OR LOA	NS		
	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 18	3/26 Report: 20/48
2	FILER NAME	Price, Betsy		3 ACCOUNT # 00000002	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID Mike Moncrief Campaign	#)	7 Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/25/2011	6 Contributor address; City; State; Zip Code 777 Taylor Street, Suite 1030 Fort Worth, TX 76102		\$250.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup	oation / Job title (See Instructions)	10 Employer (See In	nstructions)	
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/24/2011	Contributor address; City; State; Zip Code 2429 Rogers Avenue Fort Worth, TX 76109		\$125.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In		
	Date	Full name of contributor ut-of-state PAC (ID# Mitchell, Robert J.	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/19/2011	Contributor address; City; State; Zip Code 3775 West 4th Street Fort Worth, TX 76107		\$250.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor ut-of-state PAC (ID# Moncrief, W. A. Jr.)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/11/2011	Contributor address; City; State; Zip Code 950 Commerce Street Fort Worth, TX 76102		\$5,000.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)	
	Date	Full name of contributor uut-of-state PAC (ID# Montesi, Terry R.		Amount of contribution (\$)	In-kind contribution description (if applicable)
ı	07/11/2011	Contributor address; City; State; Zip Code 1600 W. 7th Street, Suite 400 Fort Worth, TX 76102		\$250.00 	_
	1				Texas, complete Schedule T)
	Principal occupa	ation / Job title (See Instructions)	Employer (See Ins	structions)	

OTHER	THAN PLEDGES ON LOAI			
The Instruct	ION GUIDE explains how to complete this form.		1 PAGE# Schedule: 19	9/26 Report: 21/48
2 FILER NAME	Price, Betsy		3 ACCOUNT# 00000002	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID# Moore, Teresa A.	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
07/08/2011	6 Contributor address; City; State; Zip Code 3616 Watonga Street Fort Worth, TX 76107		\$25.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
07/19/2011	Contributor address; City; State; Zip Code 1409 Indian Creek Drive Fort Worth, TX 76107		\$1,000.00	 - -
			l .	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
07/12/2011	Contributor address; City; State; Zip Code 5328 Collinwood Avenue Fort Worth, TX 76107		\$100.00 	
27.000				Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
07/25/2011	Contributor address; City; State; Zip Code 715 Jones Street, Apt 201 Fort Worth, TX 76102		\$250.00 	
Drinning com	(1) Land (0) (1) (1)			Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	itructions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
07/11/2011	Contributor address; City; State; Zip Code 5909 End O Trail Fort Worth, TX 76112		\$250.00 	
ĺ			(If travel outside of 7	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	tructions)	· · · · · · · · · · · · · · · · · · ·

O1	OTHER THAN PLEDGES OR LOANS					
The li	NSTRUCTI	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 20	0/26 Report: 22/48	
2 FILER	RNAME	Price, Betsy		3 ACCOUNT # 00000002	(Ethics Commission filers)	
4 Dat	te	5 Full name of contributor ut-of-state PAC (ID Oliver, James Mark	#)	7 Amount of contribution (\$)	ln-kind contribution description (if applicable)	
07/20	/2011	6 Contributor address; City; State; Zip Code 2600 West 7th Street #2508 Fort Worth, TX 76107		\$200.00	 	
				(If travel outside of	Texas, complete Schedule T)	
9 Princip	oal occup	oation / Job title (See Instructions)	10 Employer (See In	nstructions)		
Date	e	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
07/19/	/2011	Contributor address; City; State; Zip Code PO Box 4660 Fort Worth TX 75164		\$500.00	 	
	 :	Fort Worth, TX 76164		1 '	Texas, complete Schedule T)	
Princip	oal occup	pation / Job title (See Instructions)	Employer (See In	structions)		
Date	е	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
07/25/	/2011	Contributor address; City; State; Zip Code 1921 Ashland Avenue Fort Worth, TX 76107		\$100.00	 	
				(If travel outside of	Texas, complete Schedule T)	
Princip	al occup	eation / Job title (See Instructions)	Employer (See In	structions)		
Date	Э	Full name of contributor ut-of-state PAC (ID# Pepper, Betsy R.	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
07/25/	(2011	Contributor address; City; State; Zip Code 116 Crestwood Drive Fort Worth, TX 76107		\$100.00	 	
				(If travel outside of	Texas, complete Schedule T)	
Principa	al occup	ation / Job title (See Instructions)	Employer (See Ins	structions)		
Date	•	Full name of contributor ut-of-state PAC (ID# Petsche, Mary K.		Amount of contribution (\$)	In-kind contribution description (if applicable)	
07/28/	2011	Contributor address; City; State; Zip Code 4704 Santa Cova Court Fort Worth, TX 76126		\$500.00 		
	Ī			(If travel outside of	Texas, complete Schedule T)	
Principa	al occup	ation / Job title (See Instructions)	Employer (See Ins			

	OTHER THAN PLEDGES OR LOANS					
	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 21	/26 Report: 23/48	
2	FILER NAME	Price, Betsy		3 ACCOUNT # 00000002	(Ethics Commission filers)	
4	Date	5 Full name of contributor ut-of-state PAC (ID# Petsche, Mary K.		7 Amount of contribution (\$)	In-kind contribution description (if applicable)	
, 	08/16/2011	6 Contributor address; City; State; Zip Code 4704 Santa Cova Court Fort Worth, TX 76126		\$500.00	 	
				(If travel outside of	Texas, complete Schedule T)	
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)		
-	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)	
(07/25/2011	Contributor address; City; State; Zip Code 6709 Gascony Place Fort Worth, TX 76132		\$150.00	 	
	= 1 - 1 - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	2 (-1	Frankry (See In	L.'	Texas, complete Schedule T)	
	Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
(07/11/2011	Contributor address; City; State; Zip Code 450 FM 2871 Fort Worth, TX 76126		\$100.00	! ! !	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)		
	Date	Full name of contributor ut-of-state PAC (ID# PSEL PAC		Amount of contribution (\$)	In-kind contribution description (if applicable)	
(07/25/2011	Contributor address; City; State; Zip Code 201 Main Street, Suite 2500 Fort Worth, TX 76102		\$4,000.00	 - -	
				L.`	Texas, complete Schedule T)	
	Principal occupa	eation / Job title (See Instructions)	Employer (See Ins	structions)		
	Date	Full name of contributor ut-of-state PAC (ID#_Puente-Brancato, Gina		Amount of contribution (\$)	In-kind contribution description (if applicable)	
(08/30/2011	Contributor address; City; State; Zip Code 5849 Forest River Drive Fort Worth, TX 76112		\$1,000.00] 	
_				(If travel outside of	Texas, complete Schedule T)	
,	Principal occupa	eation / Job title (See Instructions)	Employer (See Ins	structions)		

	OTHER THAN PLEDGES OR LOANS					
	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 22	2/26 Report: 24/48	
2	FILER NAME	Price, Betsy		3 ACCOUNT # 00000002	(Ethics Commission filers)	
4	Date	5 Full name of contributor	#	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	10/21/2011	6 Contributor address; City; State; Zip Code 3131 W 7th Street Suite 400 Fort Worth, TX 76107		\$7,500.00	 	
				(If travel outside of	Texas, complete Schedule T)	
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	nstructions)		
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	07/20/2011	Contributor address; City; State; Zip Code 3020 Merlin Drive Lewisville, TX 75056		\$250.00	 	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)		
	Date	Full name of contributor	;)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	08/16/2011	Contributor address; City; State; Zip Code 2805 Alton Road Fort Worth, TX 76109		\$1,000.00		
				<u> </u>	Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	07/28/2011	Contributor address; City; State; Zip Code 3113 Woodlark Drive Fort Worth, TX 76123		\$100.00 		
				(If travel outside of	Texas, complete Schedule T)	
	Principal occupa	ation / Job title (See Instructions)	Employer (See Ins	structions)		
·	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)	
(07/20/2011	Contributor address; City; State; Zip Code 901 Fort Worth Club Building Fort Worth, TX 76102		\$250.00 		
				*	Texas, complete Schedule T)	
	Principal occupa	ation / Job title (See Instructions)	Employer (See Ins	structions)		

	OTHER	THAN PLEDGES OR LOAI	N 5		
	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 23	3/26 Report: 25/48
2	FILER NAME	Price, Betsy		3 ACCOUNT # 00000002	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Schmid, Claire C.)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	07/11/2011	6 Contributor address; City; State; Zip Code 3609 Ledgeview Court Fort Worth, TX 76109		\$250.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/19/2011	Contributor address; City; State; Zip Code 3450 Lantern Hollow Street Fort Worth, TX 76109		\$250.00	
				<u> </u>	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	08/01/2011	Contributor address; City; State; Zip Code 3204 Johnson Road Southlake, TX 76092		\$100.00	
				'	Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)			Employer (See In:	structions)	
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/28/2011	Contributor address; City; State; Zip Code 3908 Westcliff Road South Fort Worth, TX 76109		\$1,000.00	! !
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
	Date	Full name of contributor ut-of-state PAC (ID# Stepp, S. K.		Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/09/2011	Contributor address; City; State; Zip Code 3413 Bellaire Park Court Fort Worth, TX 76109		\$250.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occupa	ation / Job title (See Instructions)	Employer (See Ins	structions)	

OTHER THAN PLEDGES OR LO	ANS
The Instruction Guide explains how to complete this form.	1 PAGE # Schedule: 24/26 Report: 26/48
2 FILER NAME Price, Betsy	3 ACCOUNT # (Ethics Commission filers) 00000002
4 Date 5 Full name of contributor ☐ out-of-state PAC Stewart, Beverly C.	(ID#) 7 Amount of 8 In-kind contribution description (if applicable)
07/19/2011 6 Contributor address; City; State; Zip Co 6824 Brants Lane Fort Worth, TX 76116	de \$50.00
	(If travel outside of Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)
Date Full name of contributor ☐ out-of-state PAC Stewart, Christopher L.	(ID#) Amount of In-kind contribution contribution (\$) description (if applicable)
07/19/2011 Contributor address; City; State; Zip Co 1817 Ridgmar BLVD Fort Worth, TX 76116	de \$50.00
	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date Full name of contributor ut-of-state PAC Stovall, Karen	(ID#) Amount of I In-kind contribution contribution (\$) description (if applicable)
07/12/2011 Contributor address; City; State; Zip Co 2805 Heritage Hills Court Fort Worth, TX 76109	de \$500.00
	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date Full name of contributor out-of-state PAC Terry, Gary W.	(ID#) Amount of In-kind contribution contribution (\$) description (if applicable)
07/25/2011 Contributor address; City; State; Zip Contributor address; City; City; State; Zip Contributor address; City; ## ## ## ## ## ## ## ## ## ## ## ## ##	
	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date Full name of contributor out-of-state PAC Texas Events PAC	(ID#) Amount of In-kind contribution contribution (\$) description (if applicable)
07/11/2011 Contributor address; City; State; Zip Cod 260 Bailey Avenue Fort Worth, TX 76107	\$5,000.00 I
	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN DI EDGES OR LOANS

		THAN PLEDGES ON LOAD	10		
	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 25	5/26 Report: 27/48
2	FILER NAME	Price, Betsy		3 ACCOUNT # 00000002	(Ethics Commission filers)
4	Date	5 Full name of contributor ut-of-state PAC (ID# Thomasson, G. Michael	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	10/07/2011	6 Contributor address; City; State; Zip Code 2420 Charles Ave Burleson, TX 76028		\$1,000.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See In:	structions)	
	Date	Full name of contributor ut-of-state PAC (ID#	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/12/2011	Contributor address; City; State; Zip Code 201 Main Street, Suite 2200 Fort Worth, TX 76102		\$250.00	
				<u> </u>	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	
	Date	Full name of contributor ut-of-state PAC (ID#_Trew, Jean T.		Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/12/2011	Contributor address; City; State; Zip Code 2821 S. Hulen Street Fort Worth, TX 76109		\$100.00	 -
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	action / Job title (See Instructions)	Employer (See Ins	structions)	
	Date	Full name of contributor ut-of-state PAC (ID#_Tucker, Barton H.		Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/12/2011	Contributor address; City; State; Zip Code 3737 Arroyo Road Fort Worth, TX 76109		\$250.00	
		1		(If travel outside of	Texas, complete Schedule T)
	Principal occupa	ation / Job title (See Instructions)	Employer (See Ins	structions)	
	Date	Full name of contributor uut-of-state PAC (ID#_Vinson, Vicki		Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/19/2011	Contributor address; City; State; Zip Code 2331 Colonial Parkway Fort Worth, TX 76109		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)			Employer (See Ins	structions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

The Instruct	TION GUIDE explains how to complete this form.		1 PAGE # Schedule: 26	6/26 Report: 28/48
2 FILER NAME	Price, Betsy		3 ACCOUNT # 00000002	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID# Walker, Sue S.	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
07/12/2011	6 Contributor address; City; State; Zip Code 1402 Woodbine Street Arlington, TX 76012		\$100.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
07/11/2011	Contributor address; City; State; Zip Code 4113 Bunting Avenue Fort Worth, TX 76107		\$100.00	
			(If travel outside of	I Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor ut-of-state PAC (ID# Williams, Barbara M.		Amount of contribution (\$)	In-kind contribution description (if applicable)
07/19/2011	Contributor address; City; State; Zip Code 3500 Lenox Drive Fort Worth, TX 76107		\$250.00 	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
07/11/2011	Contributor address; City; State; Zip Code PO Box 136444 Fort Worth, TX 76136		\$250.00 	
			(If travel outside of 1	Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See Ins	tructions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
07/11/2011	Contributor address; City; State; Zip Code 4901 Ranch View Road Fort Worth, TX 76109		\$100.00 <mark> </mark> 	
			(If travel outside of T	exas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Inst		. , ,

POLITICAL EXPENDITURES SCHEDULE F **EXPENDITURE CATEGORIES** Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Advertising Expense Accounting/Banking Gifts/Awards/Memorial Expense Legal Services Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Consulting Expense Event Expense Food/Beverage Expense Polling Expense Travel In District Travel Out Of District Fees Printing Expense Office Overhead/Rental Expense The Instruction Guide explains how to complete this form. 1 PAGE# 2 FILER NAME 3 ACCOUNT # (TEC filers) Price, Betsy Schedule: 1/17 Report: 29/48 00000002 4 Date 5 Payee name Allyn Media 09/02/2011 6 Amount (\$) Payee address City; State; Zip Code 3232 McKinney Avenue, Suite 660 \$18,500.00 Dallas, TX 75204 8 (a) Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) (b) Description **PURPOSE** Consulting Expense Media Consulting Services **EXPENDITURE** 9 Complete ONLY it Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 09/02/2011 Allyn Media Amount (\$) Pavee address City; State; Zip Code 3232 McKinney Avenue, Suite 660 \$95.85 Dallas, TX 75204 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Consulting Expense Mileage Reimbursement OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 12/20/2011 Allyn Media Amount (\$) Payee address City; State; Zip Code 3232 McKinney Avenue, Suite 660 \$2,500.00 Dallas, TX 75204 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Solicitation/Fundraising Expense Creative Services OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Allyn Media 12/28/2011 Amount (\$) Payee address City; State; Zip Code 3232 McKinney Avenue, Suite 660 \$3,409.88 Dallas, TX 75204 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE Printing Expense** Printing expense OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held direct expenditure to benefit C/OH

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 TDD 1-800-735-2989 POLITICAL EXPENDITURES SCHEDULE F **EXPENDITURE CATEGORIES** Advertising Expense Accounting/Banking Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Consulting Expense Event Expense Travel In District Travel Out Of District Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Fees Printing Expense Office Overhead/Rental Expense The Instruction Guide explains how to complete this form. 1 PAGE# 2 FILER NAME 3 ACCOUNT # (TEC filers) Price, Betsy Schedule: 2/17 Report: 30/48 00000002 Date 5 Payee name 07/29/2011 AT&T Mobility 6 Amount (\$) Payee address City; State; Zip Code PO BOX 650553 \$96.59 Dallas, TX 75265 8 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Office Overhead/Rental Expense Campaign Office Phone **EXPENDITURE** 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name AT&T Mobility 10/07/2011 Amount (\$) Pavee address City; State; Zip Code PO BOX 650553 \$147.79 Dallas, TX 75265 Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) Description **PURPOSE** Office Overhead/Rental Expense Campaign Office Phone **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 10/07/2011 AT&T Mobility Amount (\$) Pavee address City; State; Zip Code PO BOX 650553 \$468.76 Dallas, TX 75265 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Office Overhead/Rental Expense Campaign Office Phone OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 08/25/2011 Atchley & Associates, LLP Amount (\$) Payee address City; State; Zip Code 6850 Austin Center Boulevard, Suite 180 \$1,845.50 Austin, TX 78731 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Accounting/Banking Accounting and Compliance Reporting

OF EXPENDITURE

direct expenditure to benefit C/OH

Candidate / Officeholder name

Office held:

Office sought:

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 TDD 1-800-735-2989 POLITICAL EXPENDITURES SCHEDULE F **EXPENDITURE CATEGORIES** Advertising Expense Accounting/Banking Consulting Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Travel In District Event Expense Travel Out Of District OTHER (enter a category not listed above) Fees Printing Expense Office Overhead/Rental Expense The Instruction Guide explains how to complete this form. 2 FILER NAME 1 PAGE# 3 ACCOUNT # (TEC filers) Price, Betsy Schedule: 3/17 Report: 31/48 00000002 4 Date 5 Payee name Atchley & Associates, LLP 10/07/2011 6 Amount (\$) Payee address City; State; Zip Code 6850 Austin Center Boulevard, Suite 180 \$465.00 Austin, TX 78731 8 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Accounting/Banking Accounting and Compliance Reporting OF EXPENDITURE 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 07/13/2011 Bob's Steak & Chop House Amount (\$) Payee address City; State; Zip Code 1300 Houston St. \$38.00 Fort Worth, TX 76102 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Event Expense Campaign Staff Meals **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Pavee name Brighter Outlook, Inc. 11/07/2011 Amount (\$) Payee address City; State; Zip Code P.O. Box 50634 \$500.00 Fort Worth, TX 76105 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Contributions/Donations Made By Donation Candidate/Officeholder/Political Committee EXPENDITURE Complete ONLY if Candidate / Officeholder name Office held: Office sought: direct expenditure to benefit C/OH Date Payee name 09/30/2011 Charlie Geren Campaign Payee address City; State; Amount (\$) Zip Code 1011 Roberts Cutoff \$100.00 River Oaks, TX 76114 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Contributions/Donations Made By Campaign Contribution Candidate/Officeholder/Political Committee **EXPENDITURE**

Complete ONLY if

direct expenditure to benefit C/OH

Candidate / Officeholder name

Office held:

Office sought:

to benefit C/OH

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES Advertising Expense Accounting/Banking Consulting Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Gifts/Awards/Memorial Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Legal Services
Food/Beverage Expense
Polling Expense Travel In District Travel Out Of District Event Expense Fees Printing Expense Office Overhead/Rental Expense The Instruction Guide explains how to complete this form. 2 FILER NAME 1 PAGE# 3 ACCOUNT # (TEC filers) Price, Betsy Schedule: 4/17 Report: 32/48 00000002 Date 5 Payee name 09/02/2011 Chase Couriers 6 Amount (\$) Payee address City; State; Zip Code 1002 N Central Expwy Ste 495 \$35.00 Richardson, TX 75080 8 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Office Overhead/Rental Expense Reimburse Allyn Media: Courier Service **EXPENDITURE** 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Chase Couriers 12/28/2011 Amount (\$) Payee address City: State: Zip Code 1002 N Central Expwy Ste 229 Richardson, TX 75080 \$65.58 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Office Overhead/Rental Expense Reimburse Allyn Media: Courier Service OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 07/21/2011 City of Fort Worth Amount (\$) Payee address City: State; Zip Code 1201 Houston St \$140.00 Fort Worth, TX 76102 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE Event Expense** Swearing in Reception Campaign Event **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 12/22/2011 FedEx Amount (\$) Payee address City; State; Zip Code 6020 Camp Bowie Blvd \$40.53 Fort Worth, TX 76116 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Office Overhead/Rental Expense Shipping **EXPENDITURE** Complete ONLY Candidate / Officeholder name Office sought: Office held: direct expenditure

EXPENDITURE CATEGORIES

POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense

Gifts/Awards/Memorial Expense

Salaries/Wages/Contract Labor

Loan Repayment/Reimbursement

Accounting/Ban Consulting Expe Event Expense Fees	pense Food/Beverage Expense Travel In District		ct ental Expense	Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) s form.			
1 PAGE#		ER NAME				3 ACCOUNT#	(TEC filers)
Schedule: 5/17		ce, Betsy				00000002	(TEC mera)
4 Date	5 Payee name					00000002	
12/22/2011	FedEx						
6 Amount (\$)	7 Payee address	City; State;	Zip Code				
\$27.37	6020 Camp Bowie I Fort Worth, TX 761						
8 PURPOSE OF	(a) Category (See Categor Printing Expense	ries listed at the top of t	his schedule)	(b) Description Copies	(If travel outside o	of Texas, complete S	chedule T)
EXPENDITURE							
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officehold	ler name		Office so	ought:	Office held:	
Date	Payee name						
09/19/2011	Fort Worth Delta De	elta Delta Alumnae	Chapter Charitie	es			
Amount (\$)	Payee address	City; State;	Zip Code				 .
\$750.00	1408 Westover Ln Fort Worth, TX 761	07					
PURPOSE OF EXPENDITURE	Category (See Categor Contributions/Donat Candidate/Officehol	ions Made By	•	Description Donation	(If travel outside o	f Texas, complete So	chedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officehold	er name		Office so	ught:	Office held:	
Date	Payee name						
10/17/2011	Fort Worth Police Hi	storical Association	ก				
Amount (\$)	Payee address	City; State; 2	Zip Code				
\$1,200.00	PO Box 470836 Fort Worth, TX 7614	47					
PURPOSE OF EXPENDITURE	Category (See Categori Contributions/Donati Candidate/Officehold	ons Made Bv	,	Description Donation	(If travel outside of	f Texas, complete So	hedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholde	er name		Office sou	ught:	Office held:	
Date	Payee name						
11/14/2011	Fort Worth Republica	an Women					
Amount (\$)	Payee address	City; State; Z	ip Code				
\$35.00	1213 Kelpie Fort Worth, TX 7611	1					
PURPOSE OF EXPENDITURE	Category (See Categorie Contributions/Donatic Candidate/Officehold	ons Made Bv	,	Description Donation	(If travel outside of	Texas, complete Sch	nedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholde	r name		Office sou	ight:	Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

to benefit C/OH

EXPENDITURE CATEGORIES Advertising Expense Accounting/Banking Consulting Expense Event Expense Gifts/Awards/Memorial Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Legal Services
Food/Beverage Expense
Polling Expense Travel In District Travel Out Of District Fees Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 2 FILER NAME 1 PAGE# 3 ACCOUNT # (TEC filers) Price, Betsy Schedule: 6/17 Report: 34/48 00000002 Date 5 Payee name 12/02/2011 Fort Worth Republican Women 6 Amount (\$) Payee address City; State; Zip Code 1213 Kelpie \$320.00 Fort Worth, TX 76111 8 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Gifts/Awards/Memorials Expense Gifts **EXPENDITURE** 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 11/28/2011 Fort Worth Zoo Association Amount (\$) Payee address State; Zip Code City; 1989 Colonial Parkway \$250.00 Fort Worth, TX 76110 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Contributions/Donations Made By Donation Candidate/Officeholder/Political Committee **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 09/02/2011 Friends of Senator Jane Nelson Amount (\$) Payee address City; State; Zip Code P.O. Box 608 \$100.00 Grapevine, TX 76099 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Contributions/Donations Made By Campaign Contribution OF Candidate/Officeholder/Political Committee **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Friends of Susan Combs Committee 11/11/2011 Amount (\$) Payee address City; State; Zip Code P.O. Box 160956 \$250.00 Austin, TX 78716 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Contributions/Donations Made By Campaign Contribution OF Candidate/Officeholder/Political Committee **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure

POLITICAL EXPENDITURES

SCHEDULE F

Event Expense

EXPENDITURE CATEGORIES Advertising Expense Accounting/Banking Gifts/Awards/Memorial Expense Legal Services Salaries/Wages/Contract Labor Loan Repayment/Reimbursement Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above) Solicitation/Fundraising Expense Consulting Expense Food/Beverage Expense Travel In District Polling Expense Printing Expense Travel Out Of District Office Overhead/Rental Expense The INSTRUCTION GUIDE explains how to complete this form. 1 PAGE# 2 FILER NAME 3 ACCOUNT # (TEC filers) Schedule: 7/17 Report: 35/48 Price, Betsy 00000002 4 Date 5 Payee name Fundraising Solutions 07/29/2011 6 Amount (\$) Payee address City; State; Zip Code 1500 Jackson Street #817 \$11,393.66 Dallas, TX 75201 8 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Solicitation/Fundraising Expense **Fundraising Commission** OF **EXPENDITURE** 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 08/25/2011 Fundraising Solutions Amount (\$) Payee address City; State; Zip Code \$1,350.00 1500 Jackson Street #817 Dallas, TX 75201 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Solicitation/Fundraising Expense **Fundraising Commission** OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 09/02/2011 GoDaddy.com Amount (\$) Payee address City; State; Zip Code 14455 N Hayden Rd Ste 226 \$30.51 Scottsdale, AZ 85260 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Office Overhead/Rental Expense Reimburse Allyn Media: Domain name purchase OF EXPENDITURE Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 11/07/2011 Gonzales, Ron Amount (\$) Payee address City; State; Zip Code 1000 Throckmorton Street \$100.00 Fort Worth, TX 76102 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE Event Expense** Reception Event OF EXPENDITURE Complete ONLY if Candidate / Officeholder name Office sought Office held direct expenditure to benefit C/OH

POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense

Gifts/Awards/Memorial Expense

EXPENDITURE CATEGORIES

Loan Renayment/Reimburgement

Accounting/Banl Consulting Expe Event Expense Fees	nse Food/Beverage E Polling Expense Printing Expense	Expense T	Solicitation/Fundrais Fravel In District Fravel Out Of Distric Office Overhead/Rer	ing Expense t ital Expense	Transportations Contributions Candidate OTHER (ente	on Equipment & Related s/Donations Made By s/Officeholder/Political C er a category not listed a	ommittee
1 PAGE#		ER NAME	explains now to	o complete tills		To ACCOUNT #	(TEO filese)
Schedule: 8/17 F	T D. /	ce, Betsy				3 ACCOUNT # 00000002	(TEC filers)
4 Date	5 Payee name	,				00000002	
07/12/2011	Greve, Christine						
6 Amount (\$)	7 Payee address	City; State; Zip	o Code				
\$50.00	3708 Black Canyon Fort Worth, TX 761	Road					
8	(a) Category (See Category	ries listed at the top of this	schedule)	(b) Description	(If travel outsid	e of Texas, complete So	chedule T)
PURPOSE OF	Travel In District			Campaign	Mileage Reim	bursement	_
EXPENDITURE							
			_				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officehold	er name		Office so	ought:	Office held:	
Date	Payee name						
07/29/2011	Greve, Christine						
Amount (\$)	Payee address	City; State; Zip	Code				
\$545.00	3708 Black Canyon	Road					
·	Fort Worth, TX 761	09					
	Category (See Categor	ies listed at the top of this	schedule)	Description	(If travel outside	e of Texas, complete Sc	hedule T)
PURPOSE OF	Salaries/Wages/Cor	ntract Labor		Campaign (Contract Labo	r	_
EXPENDITURE							
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officehold	er name		Office so	ught:	Office held:	
Date	Payee name						
07/29/2011	Greve, Christine						
Amount (\$)	Payee address	City; State; Zip	Code				
\$500.00	3708 Black Canyon Fort Worth, TX 7610	Road					
	Category (See Categori	es listed at the top of this s	schedule)	Description	(If travel outside	of Texas, complete Sc	hedule T)
PURPOSE OF	Salaries/Wages/Con	tract Labor	İ	Campaign (Contract Labo	r	· -
EXPENDITURE							
Complete ONLY if direct expenditure	Candidate / Officeholde	er name		Office so	ught:	Office held:	
to benefit C/OH							
Date	Payee name						
10/20/2011	Jewel Charity						
Amount (\$)	Payee address	City; State; Zip	Code				
\$650.00	P.O. Box 472149						
V 333.33	Fort Worth, TX 7614	17					
	Category (See Categorie	es listed at the top of this s	schedule)	Description	(If travel outside	of Texas, complete Sch	nedule T)
PURPOSE	Contributions/Donation	ons Made Bv	· ·	Donation	,		········/ ြ
OF EXPENDITURE	Candidate/Officehold	ler/Political Ćommitte	ee				ľ
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholde	r name	•	Office sou	ight:	Office held:	

SCHEDULE F

EXPENDITURE CATEGORIES Advertising Expense Accounting/Banking Gifts/Awards/Memorial Expense Legal Services Salaries/Wages/Contract Labor Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Solicitation/Fundraising Expense Consulting Expense Food/Beverage Expense Polling Expense Travel in District Event Expense Travel Out Of District Office Overhead/Rental Expense Printing Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 PAGE# 2 FILER NAME 3 ACCOUNT # (TEC filers) Price, Betsy Schedule: 9/17 Report: 37/48 00000002 4 Date 5 Payee name Johncox, Julie 07/29/2011 6 Amount (\$) Payee address City; State; Zip Code 6421 Fershaw Place \$5,000.00 Fort Worth, TX 76116 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Salaries/Wages/Contract Labor Campaign Contract Labor OF **EXPENDITURE** 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 09/02/2011 Johncox, Julie Amount (\$) Payee address City; State; Zip Code \$500.00 6421 Fershaw Place Fort Worth, TX 76116 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Salaries/Wages/Contract Labor Campaign Contract Labor OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 10/07/2011 Johncox, Julie Amount (\$) Payee address City; State; Zip Code 6421 Fershaw Place \$500.00 Fort Worth, TX 76116 Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) Description **PURPOSE** Salaries/Wages/Contract Labor Campaign Contract Labor OF EXPENDITURE Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 11/11/2011 Johncox, Julie Amount (\$) Payee address City; State; Zip Code 6421 Fershaw Place \$500.00 Fort Worth, TX 76116 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Salaries/Wages/Contract Labor Campaign Contract Labor OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH

POLITICAL EXPENDITURES SCHEDULE F

EXPENDITURE CATEGORIES Advertising Expense Accounting/Banking Consulting Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Gifts/Awards/Memorial Expense Legal Services Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Travel In District
Travel Out Of District
Office Overhead/Rental Expense Food/Beverage Expense Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Event Expense Polling Expense Printing Expense The Instruction Guide explains how to complete this form. 1 PAGE# 2 FILER NAME 3 ACCOUNT # (TEC filers) Schedule: 10/17 Report: 38/48 Price, Betsy 00000002 4 Date 5 Payee name Johncox, Julie 12/21/2011 6 Amount (\$) Payee address City; State; Zip Code 6421 Fershaw Place \$500.00 Fort Worth, TX 76116 8 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Salaries/Wages/Contract Labor Campaign Contract Labor OF **EXPENDITURE** 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 07/05/2011 Lawrence's Amount (\$) Payee address City; State; Zip Code \$74.48 4601 West Freeway Ste 224 Fort Worth, TX 76107 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Gifts/Awards/Memorials Expense Gift OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 11/28/2011 Lawrence's Amount (\$) Payee address City; State; Zip Code 4601 West Freeway Ste 224 \$149.39 Fort Worth, TX 76107 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Gifts/Awards/Memorials Expense Gift OF EXPENDITURE Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditur to benefit C/OH Date Payee name 07/05/2011 NextPay LLC Amount (\$) Payee address City; State; Zip Code 2245 Keller Way Ste 360 \$45.58 Carrollton, TX 75006 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Fees Processing Fees OF EXPENDITURE Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

EXPENDITURE CATEGORIES Gifts/Awards/Memorial Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Loan Repayment/Reimbursement Legal Services Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Food/Beverage Expense Polling Expense Travel In District Travel Out Of District Fees Printing Expense Office Overhead/Rental Expense The Instruction Guide explains how to complete this form. 2 FILER NAME 1 PAGE# 3 ACCOUNT # (TEC filers) Price, Betsy Schedule: 11/17 Report: 39/48 00000002 4 Date 5 Payee name NextPay LLC 08/03/2011 6 Amount (\$) Payee address City; State; Zip Code 2245 Keller Way Ste 360 \$45.45 Carrollton, TX 75006 8 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Fees **Processing Fees** OF **EXPENDITURE** 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name NextPay LLC 09/06/2011 Amount (\$) Pavee address City; State; Zip Code 2245 Keller Way Ste 360 Carrollton, TX 75006 \$45.45 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE Processing Fees EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name NextPay LLC 10/04/2011 Amount (\$) Payee address City; State; Zip Code 2245 Keller Way Ste 360 \$65.40 Carrollton, TX 75006 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Fees **Processing Fees EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Nowlin, Wade 08/09/2011 Amount (\$) Payee address City; State; Zip Code 510 Hazelwood Dr. \$250.00 Fort Worth, TX 76107 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** OTHER - Refund Contribution Refund OF EXPENDITURE Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH

SCHEDULE F

Advertising Expense

EXPENDITURE CATEGORIES

Accounting/Ban Consulting Exp Event Expense Fees	iking Legal Services Solicitation/Fun ense Food/Beverage Expense Travel In Distric Polling Expense Travel Out Of D	draising Expense Transport Contribution Strict Candic d/Rental Expense OTHER (payment/Heimbursement tation Equipment & Related Expense ions/Donations Made By Jate/Officeholder/Political Committee enter a category not listed above)
1 PAGE#	2 FILER NAME	ow to complete this form.	- 1000/BET# (TEO EL)
Schedule: 12/17			3 ACCOUNT # (TEC filers)
4 Date	5 Payee name		00000002
09/02/2011	Olson Interiors, LLC		
6 Amount (\$)	7 Payee address City; State; Zip Code		
\$472.11			
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description (If travel out Office Interior	tside of Texas, complete Schedule T)
EXPENDITURE			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date	Payee name		
12/21/2011	Patrizzio		
Amount (\$)	Payee address City; State; Zip Code		
\$37.00	• • • • • • • • • • • • • • • • • • • •		
PURPOSE	Category (See Categories listed at the top of this schedule)		side of Texas, complete Schedule T)
OF	Event Expense	Campaign Staff Meals	
EXPENDITURE			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date 07/11/2011	Payee name PIRYX, Inc.		
Amount (\$)	Payee address City; State; Zip Code		
\$29.00	85 Natoma Street, Unit 9 San Francisco, CA 94105-2659		
PURPOSE OF	Category (See Categories listed at the top of this schedule) Fees	Description (If travel outs Processing Fees	side of Texas, complete Schedule T)
EXPENDITURE			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date	Payee name		
07/31/2011	PIRYX, Inc.		
Amount (\$)	Payee address City; State; Zip Code		
\$101.25	85 Natoma Street, Unit 9 San Francisco, CA 94105-2659		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description (If travel outsi Processing Fees	de of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:

SCHEDULE F

EXPENDITURE CATEGORIES

Accounting/Bank Consulting Expe Event Expense Fees	king Legal Services Solicitation ense Food/Beverage Expense Travel In D Polling Expense Travel Out Printing Expense Office Over	n/Fundraising Expense Transpoi District Contribu t Of District Candi erhead/Rental Expense OTHER	epayment/Hermbursement ornation Equipment & Related Expense utions/Donations Made By didate/Officeholder/Political Committee (enter a category not listed above)
- DAOE#	The Instruction Guide explain	is how to complete this form.	
1 PAGE#	Report: 41/48 Price, Betsy		3 ACCOUNT # (TEC filers)
Schedule: 13/17	Tropola 11/10		00000002
4 Date 08/31/2011	5 Payee name PIRYX, Inc.		
6 Amount (\$)			
\$137.25	I		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description (If travel or Processing Fees	outside of Texas, complete Schedule T)
EXPENDITURE			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date	Payee name		
09/19/2011 Amount (\$)	PIRYX, Inc.		
Amount (\$)	Payee address City; State; Zip Code		
\$29.00	85 Natoma Street, Unit 9 San Francisco, CA 94105-2659		
PURPOSE	Category (See Categories listed at the top of this schedule)		utside of Texas, complete Schedule T)
OF	Fees	Processing Fees	
EXPENDITURE	1		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date	Payee name		
10/20/2011	PIRYX, Inc.		
Amount (\$)	Payee address City; State; Zip Code		
\$58.00	85 Natoma Street, Unit 9 San Francisco, CA 94105-2659		
PURPOSE OF	Category (See Categories listed at the top of this schedule) Fees	Description (If travel out Processing Fees	itside of Texas, complete Schedule T)
EXPENDITURE			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date	Payee name		
12/22/2011	Price, Betsy		
Amount (\$)	Payee address City; State; Zip Code		
\$1,360.32	3908 Summercrest Fort Worth, TX 76109		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	Description (If travel outs Officeholder Reimburse reported on Schedule (
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:

SCHEDULE F

EXPENDITURE CATEGORIES

Accounting/Ban Consulting Experience Event Expense Fees	king Legal Services ense Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
1 PAGE#		E explains how to complete this fo	
-	Report: 42/48 Price, Betsy		3 ACCOUNT# (TEC filers)
Schedule: 14/17	110poin 12/10		00000002
4 Date	5 Payee name Price, Tom		
10/07/2011			
6 Amount (\$)		p Code	
\$10,692.15	3908 Summercrest Fort Worth, TX 76109		
8	(a) Category (See Categories listed at the top of this	s schedule) (b) Description	(If travel outside of Texas, complete Schedule T)
PURPOSE OF	Loan Repayment/Reimbursement	Repayment o	of loans previously reported on
EXPENDITURE		Schedule E	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sou	ght: Office held:
Date	Payee name		
07/29/2011	Radler, Matt		
Amount (\$)	Payee address City; State; Zip	o Code	
\$250.00	3900 White Settlement #186 Fort Worth, TX 76117		
PURPOSE	Category (See Categories listed at the top of this Salaries/Wages/Contract Labor	schedule) Description Campaign Co	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office soug	ht: Office held:
Date	Payee name		
07/29/2011	Railhead Smokehouse		
Amount (\$)	Payee address City; State; Zip	Code	
\$2,706.25	2900 Montgomery Street Fort Worth, TX 76107		
	Category (See Categories listed at the top of this	schedule) Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Event Expense	Fundraiser me	
EXPENDITURE			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office soug	ht: Office held:
Date	Payee name		
09/02/2011	Ring Central		
Amount (\$)		Code	
\$66.00	999 Baker Way 5th Floor	0000	
\$66.00	San Mateo, CA 94404		
PURPOSE	Category (See Categories listed at the top of this s	ľ	f travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Office Overhead/Rental Expense	Reimburse All	yn Media: Voice Mail
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sough	nt: Office held:

POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By

Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Fees Printing Expense Office Overhead/Rental Expense The Instruction Guide explains how to complete this form. 2 FILER NAME 1 PAGE# 3 ACCOUNT # (TEC filers) Price, Betsy Schedule: 15/17 Report: 43/48 0000002 5 Payee name Date Ring Central 12/20/2011 6 Amount (\$) Payee address City; State; Zip Code 999 Baker Way 5th Floor \$132.00 San Mateo, CA 94404 8 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Office Overhead/Rental Expense Reimburse Allyn Media: Voicemail OF EXPENDITURE 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 07/05/2011 Taverna Amount (\$) Payee address City; State: Zip Code 450 Throckmorton Street \$49.67 Fort Worth, TX 76102 Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) Description **PURPOSE** Event Expense Campaign Staff Dinner OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Pavee name Texans for Joe Strauss 10/07/2011 Amount (\$) Payee address State; City; Zip Code P.O. Box 90388 \$250.00 San Antonio, TX 78209 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Contributions/Donations Made By Campaign Contribution Candidate/Officeholder/Political Committee **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Pavee name 09/30/2011 Texas Association of Black City Council Members, INC Amount (\$) Payee address City; State; Zip Code 1821 Rutherford Lane, Suite 400 \$100.00 Austin, TX 78754 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Contributions/Donations Made By Donation Candidate/Officeholder/Political Committee **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH

POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Fees Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 2 FILER NAME 1 PAGE# 3 ACCOUNT # (TEC filers) Price, Betsy Schedule: 16/17 Report: 44/48 00000002 4 Date Payee name The UPS Store 12/05/2011 6 Amount (\$) Payee address City; State; Zip Code 63878 Camp Bowie Blvd \$54.75 Fort Worth, TX 76116 8 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Office Overhead/Rental Expense Postage OF EXPENDITURE 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 07/21/2011 Trinity F&B Services, Inc. Amount (\$) Payee address City; State; Zip Code 1201 Houston Street \$863.94 Fort Worth, TX 76102 (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) Description **PURPOSE** Event Expense Reception Swearing In Campaign event OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 07/11/2011 US Postmaster Amount (\$) Payee address City; State; Zip Code 4450 Oak Park Lane \$132.00 Fort Worth, TX 76109 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Solicitation/Fundraising Expense Postage OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Pavee name **US Postmaster** 12/20/2011 Amount (\$) Payee address City; State: Zip Code 401 DFW Turnpike \$2,020.15 Dallas, TX 75260 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Office Overhead/Rental Expense Postage Christmas Cards OF EXPENDITURE Complete ONLY if Candidate / Officeholder name Office sought Office held: to benefit C/OH

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense

EXPENDITURE CATEGORIES Salaries/Wages/Contract_Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

Office Overhead/Rental Expense The Instruction Guide explains how to complete this form. 2 FILER NAME 1 PAGE# 3 ACCOUNT # (TEC filers) Price, Betsy Schedule: 17/17 Report: 45/48 00000002 Date Pavee name Valentine Direct Marketing, LLC 07/21/2011 6 Amount (\$) Payee address City; State; Zip Code 5415 Maple Avenue, Suite 230 \$1,021.61 Dallas, TX 75235 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) PURPOSE **Printing Expense** Railhead Fundraiser OF EXPENDITURE 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 08/25/2011 Valentine Direct Marketing, LLC Amount (\$) Payee address City; State; Zip Code 5415 Maple Avenue, Suite 230 Dallas, TX 75235 \$5,702.27 Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) Description **PURPOSE** Solicitation/Fundraising Expense Fundraising Mailing OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Pavee name 10/11/2011 Winslow's Wine Café Amount (\$) Payee address City; State; Zip Code 4101 Camp Bowie Blvd \$159.48 Fort Worth, TX 76107 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Event Expense Campaign Staff Meals OF EXPENDITURE Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

Fees	Printing Expense Printing Expense Office Overho The Instruction Guide explains	ead/Rental Expense OTHER (enter a category not listed above)
1 PAGE# Schedule: 1/3 R	eport: 46/48 Price, Betsy	3 ACCOUNT # (TEC filers) 00000002
4 Date	5 Payee name	
12/20/2011	Del Friscos	
6 Amount (\$)	7 Payee address City; State; Zip Code	
\$150.00 Reimbursement from political contributions intended	Fort Worth, TX 76102	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
OF OF	Gifts/Awards/Memorials Expense	Reimburse Betsy Price : Gift
EXPENDITURE		
Date	Payee name	
12/21/2011	Garden's Restaurant	
Amount (\$)	Payee address City; State; Zip Code 3220 Rock Springs Rd	
\$269.01	Fort Worth, TX 76107	
Reimbursement from political contributions intended		
PURPOSE OF	Category (See Categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) Reimburse Betsy Price: Staff Party
EXPENDITURE		
Date	Payee name	
12/19/2011	Nothing Bundt Cakes	
Amount (\$)	Payee address City; State; Zip Code	
\$28.50 Reimbursement from political contributions intended	4603 Camp Bowie Blvd Fort Worth, TX 76107	
PURPOSE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF	Gifts/Awards/Memorials Expense	Reimburse Betsy Price : Gift
EXPENDITURE		
Date	Payee name	
12/20/2011	Nothing Bundt Cakes	
Amount (\$)	Payee address City; State; Zip Code	
\$28.50 Reimbursement from political contributions intended	4603 Camp Bowie Blvd Fort Worth, TX 76107	
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF EXPENDITURE	Gifts/Awards/Memorials Expense	Reimburse Betsy Price : Gift

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Bental Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

Event Expense Fees	Polling Expense Travel Out of Pise Printing Expense Office Overhead/ The Instruction Guide explains hor	(Rental Expense OTHER (enter a category not listed above)
1 PAGE#	2 FILER NAME	
Schedule: 2/3 Re		3 ACCOUNT # (TEC filers) 00000002
4 Date 12/20/2011	5 Payee name Omni Fort Worth	
6 Amount (\$)	7 Payee address City; State; Zip Code	
\$200.00 Reimbursement from political contributions intended	1300 Houston Street Fort Worth, TX 76102	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gifts/Awards/Memorials Expense	(b) Description (If travel outside of Texas, complete Schedule T) Reimburse Betsy Price : Gift
Date	Payee name	
12/16/2011	Riscky's BBQ	
Amount (\$)	Payee address City; State; Zip Code	
\$58.07 Reimbursement from political contributions intended	300 Main Street Fort Worth, TX 76102	
PURPOSE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Event Expense	Reimburse Betsy Price : Staff Party
Date	Pausa nome	
12/19/2011	Payee name Vending Nut Co	
Amount (\$)	Payee address City; State; Zip Code	
\$324.00 Reimbursement from political contributions intended	2222 Montgomery St Fort Worth, TX 76107	
PURPOSE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF	Gifts/Awards/Memorials Expense	Reimburse Betsy Price : Gift
EXPENDITURE		
Date	Payee name	
12/19/2011	Vending Nut Co	
Amount (\$)	Payee address City; State; Zip Code	
\$102.24 Reimbursement from political contributions intended	2222 Montgomery St Fort Worth, TX 76107	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Gifts/Awards/Memorials Expense	Description (If travel outside of Texas, complete Schedule T) Reimburse Betsy Price : Gift
ľ		I

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense

EXPENDITURE CATEGORIES

sinse Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 PAGE #
Schedule: 3/3 Report: 48/48
2 FILER NAME Price, Betsy
00000002
4 Date 5 Payer name

12/19/2011 WinStar Retail Shop 6 Amount (\$) Payee address City; State; Zip Code 777 Casino Way \$200.00 Thackerville, OK 73459 Reimbursement from political contributions intended (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Gifts/Awards/Memorials Expense Reimburse Betsy Price: Gift OF EXPENDITURE